

## § 418.1

## 42 CFR Ch. IV (10–1–04 Edition)

### Subpart F—Covered Services

- 418.200 Requirements for coverage.
- 418.202 Covered services.
- 418.204 Special coverage requirements.

### Subpart G—Payment for Hospice Care

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### Subpart H—Coinsurance

- 418.400 Individual liability for coinsurance for hospice care.
- 418.402 Individual liability for services that are not considered hospice care.
- 418.405 Effect of coinsurance liability on Medicare payment.

AUTHORITY: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

SOURCE: 48 FR 56026, Dec. 16, 1983, unless otherwise noted.

### Subpart A—General Provision and Definitions

#### § 418.1 Statutory basis.

This part implements section 1861(dd) of the Social Security Act. Section 1861(dd) specifies services covered as hospice care and the conditions that a hospice program must meet in order to participate in the Medicare program. The following sections of the Act are also pertinent:

(a) Sections 1812(a) (4) and (d) of the Act specify eligibility requirements for the individual and the benefit periods.

(b) Section 1813(a)(4) of the Act specifies coinsurance amounts.

(c) Sections 1814(a)(7) and 1814(i) of the Act contain conditions and limitations on coverage of, and payment for, hospice care.

(d) Sections 1862(a) (1), (6) and (9) of the Act establish limits on hospice coverage.

[48 FR 56026, Dec. 16, 1983, as amended at 57 FR 36017, Aug. 12, 1992]

#### § 418.2 Scope of part.

Subpart A of this part sets forth the statutory basis and scope and defines terms used in this part. Subpart B specifies the eligibility requirements and the benefit periods. Subpart C specifies conditions of participation for hospices. Subpart D describes the covered services and specifies the limits on services covered as hospice care. Subpart E specifies the reimbursement methods and procedures. Subpart F specifies coinsurance amounts applicable to hospice care.

#### § 418.3 Definitions.

For purposes of this part—

*Attending physician* means a physician who—

(a) Is a doctor of medicine or osteopathy; and

(b) Is identified by the individual, at the time he or she elects to receive hospice care, as having the most significant role in the determination and delivery of the individual's medical care.

*Bereavement counseling* means counseling services provided to the individual's family after the individual's death.

*Cap period* means the twelve-month period ending October 31 used in the application of the cap on overall hospice reimbursement specified in § 418.309.

*Employee* means an employee (defined by section 210(j) of the Act) of the hospice or, if the hospice is a subdivision of an agency or organization, an employee of the agency or organization who is appropriately trained and assigned to the hospice unit. "Employee" also refers to a volunteer under the jurisdiction of the hospice.

*Hospice* means a public agency or private organization or subdivision of either of these that—is primarily engaged in providing care to terminally ill individuals.

*Physician* means physician as defined in § 410.20 of this chapter.

*Representative* means an individual who has been authorized under State law to terminate medical care or to elect or revoke the election of hospice care on behalf of a terminally ill individual who is mentally or physically incapacitated.